

WASHINGTON STATE PUBLIC HEALTH ADVISORY BOARD

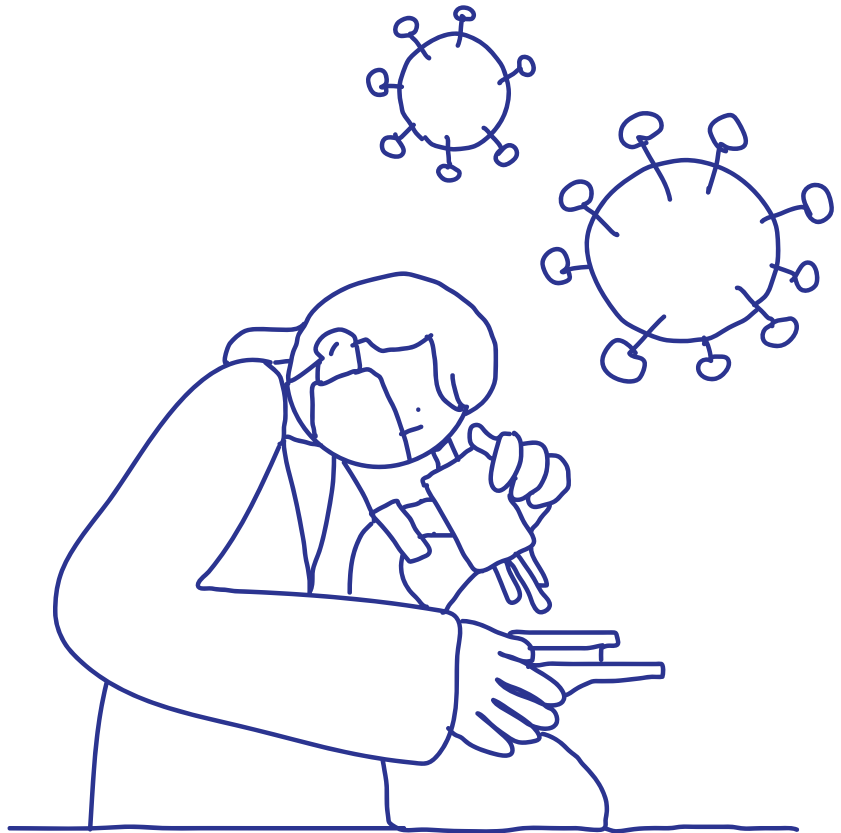


Preliminary Recommendations for
Public Health Emergency and
COVID-19 Responses

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Washington State Public Health Advisory Board Preliminary Recommendations for Public Health Emergency and COVID-19 Responses

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MESSAGES FROM THE CHAIRS

The Centers for Disease and Control states that public health is concerned with protecting the health of entire populations, from small neighborhoods to the entire world! The Washington State Legislature created a twenty-member Public Health Advisory Board (PHAB) to provide recommendations to state leaders that will prepare us to do just that for future emergencies and pandemics.

I am humbled to be appointed to represent the consumer nonprofit organizations representing marginalized populations. Prior to COVID-19, certain communities already experienced inequities. When the U.S. shut down our economy in March 2020, our justice-involved friends called with concerns because many are in food services and their livelihood only happens when they work. In two weeks, my partner pivoted his organization by partnering with a food distributor and delivered food, door-to-door, across the state to support system-impacted people and their families.





MESSAGES FROM THE CHAIRS

While we delivered food, I was on Zoom calls with community leaders and the governor's office to find better ways to serve our community. I heard about our gaps firsthand from essential workers in agriculture, healthcare, and nonprofits. Farmworkers spoke about inequities like not having access to handwashing stations, hospital housekeeping worked in hazardous environments, and nonprofit colleagues serving marginalized populations across the state shared about being left out of conversations to serve their communities.

The pandemic exacerbated the blatant inequities experienced by some Washingtonians and cannot be ignored any longer. We have an opportunity to build capacity, the necessary relationships, and infrastructure to prepare for the next pandemic or other calamity: to focus on the common good. Counties and Tribes who had existing relationships and focused on the common good were able to serve their communities more effectively. Now is the time to invest in building and strengthening these relationships and infrastructures. We need to develop staff and restore our relationships with all Washingtonians. We need to be accountable for our actions, admitting our own vulnerabilities so that we can regain our community's trust. And we need to be open to work together and co-create what that better future looks like.

We saw how healthy relationships were pivotal to successful communities. I advocated for PHAB to experience a values-based leadership approach that provided us with tools to experience healthy relationships. Together we built a space that allowed us to be authentic, respecting our different perspectives and making decisions based on learning, unlearning, and relearning. That process helped us create a foundation to work well together and identify three recommendations.

- Identify and sustainably fund streamlined data and communication systems.
- Prioritize community integrated health and emergency response planning that supports improved system capacity, funding flow, and decision-making.
- Adequately fund capacity to build and sustain relationships and partnerships.

The three recommendations, when financed and developed well with the communities most affected, will yield a better future for all. Let's get it done!

All the best,

Alice Fong, MSM, Co-Chair, Public Health Advisory Board



MESSAGES FROM THE CHAIRS

The COVID-19 pandemic will long be remembered as the costliest and most deadly public health emergency in modern history. The worldwide spread of the SARS-CoV-2 virus resulted in 1.2 million deaths and \$14 trillion in economic costs in the U.S. alone. Over 17,000 Washington state residents died since the pandemic began. Among COVID-19 survivors, rates of the persistent and potentially disabling condition known as “long COVID” are estimated to exceed nine percent.

Added to these staggering health impacts is the disrupted education of a whole generation of students, increases in mental health problems, a surge in violent crime, and ongoing workforce disruptions in hospitals, skilled nursing facilities, and public health agencies. While the COVID-19 pandemic emergency has officially ended, the virus continues to circulate in its endemic form, steadily mutating into increasingly transmissible strains that are more adept at evading immune defenses.

Preexisting inequities in housing, income, employment, and access to services were worsened by the stresses of pandemic response. Those who were most at risk for infection and its complications were often least able to protect themselves as the pandemic raged. And for many, the inequities the pandemic exposed and worsened have yet to return to pre-pandemic levels. It has often been said that those who fail to learn from history are doomed to repeat it. A public health calamity of this magnitude makes it imperative that we critically appraise our response to the COVID-19 pandemic and learn all we can as we prepare for the inevitability of future pandemics.

Over the past two years, the Public Health Advisory Board (PHAB) has followed its statutory mandate to evaluate pandemic response in Washington state. We reviewed the COVID-19 after action reports compiled by Tribal, local, and state governmental agencies and heard testimony from these organizations and a broad range of community representatives. Guided by this input, the PHAB selected the three top priorities that are detailed in the document you are about to read.

Following the release of this preliminary report, the PHAB plans to gather further input, focusing on specific policy changes related to the adopted priorities. Our final report, incorporating this public input, will be released later this year. We look forward to your thoughtful review of this preliminary report and your active participation in the policy development that lies ahead.

Thomas Locke, MD, MPH, Co-Chair, Public Health Advisory Board

II. MEMBERS

Public Health Advisory Board (PHAB) members represent a wide array of communities and professions and bring expertise, knowledge, and experience to an advisory role function. PHAB members may take the following actions:

- Request data and reports to assist in preparing recommendations for the secretary of health.
- Make recommendations via reports.
- Charter committees as needed (for ongoing work) and/or work groups (for short-term work) on various topics related to governmental public health.
- Serve as a liaison to other committees or groups, as requested.
- Request presentations from relevant groups that advance the core work and understanding for PHAB.

Current PHAB members include:

Name	Representing Organization
Samantha Pskowski	The Governor's Office
Michelle Davis	The Director of the State Board of Health
Dr. Tao Kwan-Gett	Department of Health - Secretary's designee
Dr. Benjamin Danielson	Chair - Governor's Interagency Council on Health Disparities
Dylan Dressler	Tribal government public health sector rep. selected by AIHC
Dr. Thomas Locke	Tribal government public health sector rep. selected by AIHC
Commissioner Chris Branch	County legislative authority - Eastern WA
Councilmember Jani Hitchen	County legislative authority - Western WA
VACANT (formerly Diana Birkett Rakow, term ended 05/23)	An organization representing businesses in a region of the state
Joe Vessey	Representing community and migrant health centers
VACANT (formerly Mayor Sofia Aragon, term ended 12/31/2023)	Representing Washington cities
Heather Hill	Representative from local health jurisdictions - Eastern WA - 200-600k population
Corrin McMichael	Representative from local health jurisdictions - Eastern WA - under 200k population
Yolanda Fong	Representative from local health jurisdictions - Western WA - 200-600k population
Katie Lindstrom	Representative from local health jurisdictions - Western WA - under 200k population
Taya Briley	A statewide association representing Washington hospitals
Dr. William Hirota	A statewide association representing Washington physicians
Patty Hayes	A statewide association representing Washington nurses
Megan Moore	A statewide association representing Washington public health or public health professionals
Alice Fong	Consumer nonprofit organization representing marginalized populations
Representative Marcus Riccelli (nonvoting member)	Washington State House of Representatives - Democrat Caucus
Representative Paul Harris (nonvoting member)	Washington State House of Representatives - Republican Caucus
Senator Shelly Short (nonvoting member)	Washington State Senate - Republican Caucus
Senator June Robinson (nonvoting member)	Washington State Senate - Democrat Caucus



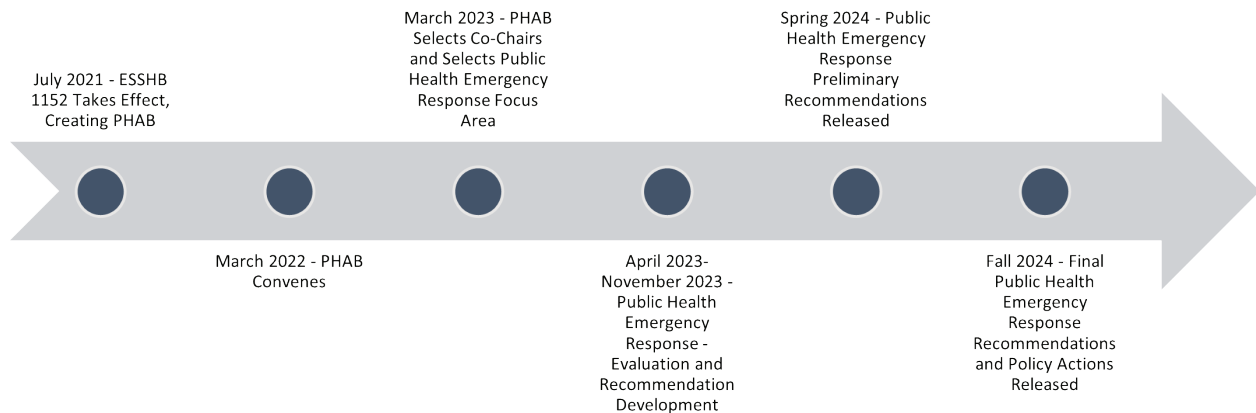
III. HISTORY/PROCESS/TIMELINE

The PHAB first convened in March 2022. Initial activities included adopting a charter, getting to know one another, and learning about Washington’s public health system. The PHAB also decided to hold either virtual or hybrid meetings every six to eight weeks. The PHAB adopted a values-based leadership framework and chose a consensus-based system for making decisions. The values-based leadership approach created space for members to learn about each other’s core values and develop group values for PHAB.

At the March 2023 meeting, the PHAB selected co-chairs to help lead the group who represented Tribes, public health, and community voices. Due to the timing of the pandemic and to overlap with after action reviews (AARs) in progress across the state, the PHAB decided to initially focus on this legislatively mandated task from RCW 43.70.675(1)(f): “Evaluate public health emergency response and provide recommendations for future response, including coordinating with relevant committees, task forces, and stakeholders to analyze the COVID-19 public health response.”

Throughout the remainder of 2023, the PHAB heard from local and state public health experts, Tribal health leaders, and academic leaders. The PHAB also engaged in a series of conversations between members to review AARs and discuss other lessons learned from the pandemic and public health emergency responses. The PHAB decided not to conduct its own AAR or get bogged down in overly detailed analysis. Instead, the PHAB chose to focus on making high-level recommendations that could act as a catalyst for long-term improvements to the state’s public health emergency response systems. PHAB members aim to release these preliminary recommendations and engage with their constituents and community about them while concurrently refining policy actions and specific steps to implement the recommendations. The PHAB will then release a final report.

PHAB – Timeline of Milestones





IV. PRELIMINARY RECOMMENDATIONS

After hearing from public health colleagues, individuals involved in conducting AARs, and PHAB-represented constituencies, PHAB made the following recommendations for future public health emergency responses:

1. Identify and sustainably fund streamlined data and communication systems.

- Identify and sustainably fund streamlined data systems that efficiently - and with minimal duplicate reporting - share information between public health partners nationwide, healthcare systems, Tribes, and the public to inform actions and policies that improve health as well as coordinate emergency preparedness and response.
- Identify and improve communication systems by providing clear communication paths, synergy with data systems, and decision-making strategies across the state's public health systems. Strong channels of communication with community partners and trusted messengers are necessary to ensure timely, accurate, responsive communication messages for diverse audiences.

2. Prioritize community integrated health and emergency response planning that supports improved system capacity, funding flow, and decision-making.

- Health and emergency planning should prioritize investment in early, ongoing, strategic upstream community integrated planning that is culturally, politically, and geographically inclusive.
- Address Washington's current public health and healthcare system capacity limitations to plan and build the infrastructure necessary for adequate emergency response.
- Assure that responders in a public health emergency can quickly gain access to funding in less restrictive, more streamlined ways that allows them to work across systems.

3. Adequately fund capacity to build and sustain relationships and partnerships.

- To drive equity, improve quality of life, and prepare effectively for emergencies, the public health system should invest in developing, growing, and sustaining durable relationships and partnerships across sectors and with culturally, politically, and geographically diverse communities.
- To operationalize this recommendation and others, it is critical that the public health system manage and approach partners in a way that promotes well established, ongoing, and durable relationships and partnerships where public health can co-create in partnership with others in and outside of emergency situations.
- With strong and trusting partnerships, public health should work to target public health messages via community partners and trusted messengers.

V. CONCLUSION

Washington state's governmental public health system should use lessons learned from the COVID-19 response and plan for the next emergency response. The preceding preliminary recommendations reflect gaps identified in the COVID-19 response and necessary changes to system capacity to address those gaps. At this critical juncture, it is important to build strong and sustainable relationships, develop ways to collect data and communicate across communities, and integrate health and emergency response planning for improved system capacity, funding flow, and decision-making. It is critical to create these systems so that Washington state will be more resilient and better prepared for the next emergency.



VI. ACKNOWLEDGEMENTS

We would like to acknowledge the following individuals for their time, contributions, and effort while the PHAB has been focused on evaluating the emergency response, developing these preliminary recommendations, and creating this report:



PHAB members past and present (March 2023 to April 2024):

Sophia Aragon, JD, BSN, RN, FAAN	Jani Hitchen, MEd
Chris Branch	Tao Kwan-Gett, MD, MPH
Taya Briley, RN, MN, JD	Jefferson Ketchel, MA
Benjamin Danielson, MD	Katie Lindstrom
Michelle Davis, MPA	Thomas Locke, MD, MPH
Luke Davies, MPH	Corrin McMichael, MPH CPH
Dylan Dressler, MPA	Megan Moore, MPH
Alice Fong, MSM	Samantha Pskowski, MPH
Yolanda Fong, MPH	Diana Birkett Rakow
Tracey Kasnic, MBA, BSN, RN, CENP	Representative Marcus Riccelli
Representative Paul Harris	Senator June Robinson
Patty Hayes, MN, RN	Senator Shelly Short
Heather Hill, BSN, RN	Joe Vessey, CPA, MBA, CHFP
William K. Hirota, MD	



Presenters:

Alice Fong, MSM	CEO, Center for Ethical Leadership
Kevin Harris, MBA, MPA	Senior Facilitator-Health Policy, Associate Professor, William D. Ruckelshaus Center
Phyllis Shulman	Associate Director, Assistant Professor, William D. Ruckelshaus Center
Mark Tompkins, RS	Director, San Juan County Health and Community Services
Nancy Wenzel	Director of Public Health, Walla Walla County of Community Health
Dylan Dressler, MPA	Clinic Director, NATIVE Project
Nathan Weed, MPH	Chief of Resilience, Department of Health
Andrew Rose	(Former) Performance and Readiness Coordinator, Department of Health



Contractors and Staff:

Allegra Calder, MA	Principal, BERK Consulting
Kristin Peterson, JD	Chief of Policy, Department of Health
Lisa Brooks	Confidential Secretary, Department of Health
Gina Legaz, MPH	Director of Policy & Performance, Department of Health
Mark Cooke, JD, MSW	Policy Analyst, Department of Health

Additionally, we appreciate and recognize the tremendous work of the organizations and individuals that created, contributed to, and published COVID-19 AARs, thought partnerships, articles, summaries, and lessons learned.

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